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September 27, 2018

Marlene Dortch Secretary Federal Communications Commission 445 12th Street, SW Room TW-A325 Washington, DC 20554

Re: Federal Communications Commission (FCC) [WC Docket No. 18–213; FCC 18-213] Promoting Telehealth for Low-Income Consumers

Dear Secretary Dortch,

The American Academy of Dermatology Association (Academy), which represents more than 13,500 dermatologists nationwide, appreciates the opportunity to provide comments to the Federal Communications Commission's (FCC) notice of inquiry on the proposed "Connected Care Pilot Program" that seeks to deliver broadband-enabled telehealth services to low-income consumers.

Dermatologists diagnose and treat more than 3,000 diseases, including skin cancer, psoriasis, immunologic diseases and many genetic disorders¹. One in four Americans suffers from and seeks care for a skin disease every year. As dermatologists on the front lines fighting skin cancer and treating numerous skin diseases, we welcome the FCC's efforts to expand and enhance broadband-enabled telehealth access to uninsured and underserved communities through this important pilot program.

The Academy applauds the efforts of the FCC to expand broadband connectivity to help reduce barriers to care and promote access to telehealth services for low-income patients throughout the United States. The Academy recognizes the health care challenges and barriers faced by clinicians and their patients in both urban and rural low-income areas. We also believe this initiative holds great promise to improve internet connectivity which will lead to more robust telehealth services.

The Academy supports essential patient access to dermatologic care in all types of clinical settings, geographic locations and income levels. We agree that telehealth, including teledermatology, is an innovative approach to improving access to patients and promoting enhanced care coordination between and among clinicians. We support efforts that contribute to enabling both patients and primary care clinicians greater access to specialists, including Board-certified dermatologists. Internet connectivity has become a critical life necessity in which there exists a huge healthcare disparity in patients who have easy,

¹ The Academy's *Burden of Skin Disease* briefs are a set of informational resources that capture the scope and importance of various skin conditions, and can be accessed at https://www.aad.org/about/burden-of-skin-disease-briefs.

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dependable access to the internet, and those who do not. This manifests in several ways, including the ability for patients to take medications that require participation in medication monitoring programs mandated by the federal government (iPledge, REMS), as well as the ability to access online patient educational resources, and to communicate with their providers concerning their healthcare information in a HIPAA compliant way.

We recommend that this pilot program include teledermatology services so that underserved patients are able to obtain access to Board-certified dermatologists to help them with any of the thousands of skin, hair and nail diseases, including skin cancer. As with any cancer, early detection is key! In order for dermatologists to provide patient-centered teledermatology effectively, they require and rely on the ability to send and receive photos and/or video chat with patients or consulting providers, which is best done through stable, speedy and secure internet access. The Academy and its members have pioneered and promoted the critical value teledermatology offers patients and clinicians in the United States and around the world, from urban to rural areas to tribal lands and to low-income populations.

While the Academy agrees that eligible health care providers should include hospitals and clinics serving low-income communities, we would also recommend that the eligibility criteria be extended to include qualified medical associations with a proven track record of promoting and implementing patient-centered telehealth programs through their volunteer physician membership. We believe a broader and more flexible eligibility criteria would benefit the proposed pilot program by introducing critical access to specialty care that can benefit uninsured and underserved patient populations.

For nearly a decade, the Academy has had a specific mission to improve the dermatology care available to underserved populations in the United States by facilitating their access to Board-certified dermatologists via the AccessDerm web-based software application. The AccessDerm program gives primary care providers (PCPs) who work in participating free and rural clinics, and Indian Health Services Clinics on Native American Reservations, free access to Board-certified dermatologists' expertise. The AccessDerm program objectives include: a.) engaging board-certified, AAD member dermatologists and residents in training in providing safe and secure teledermatology consultations to underserved communities in their state; and b.) providing a teledermatology platform free of charge to eligible sites providing health care services to underserved populations.

The teledermatology platform accommodates the provider-to-provider consultation model via store-and-forward consultations between referring clinicians and dermatologists. The program targets federally qualified healthcare centers, rural health providers and Indian Health Service clinics. The Academy's member volunteers are matched to qualified clinics in their states to provide free consults using the AccessDerm platform.

We recognize that by promoting greater access to and enhanced use of telehealth in low-income areas, many factors must be brought to bear to ensure that such initiatives are implemented in a responsible and sustainable manner that ensures reducing health disparities, narrowing the clinical digital divide, and improving overall population health of disadvantaged groups.

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The Academy appreciates the opportunity to provide comments on the "Connected Care Pilot Program" notice of inquiry. We look forward to additional opportunities to provide feedback that may help guide policy development. Please contact William Brady, Associate Director of Health Care Policy, at 847.240.1824 or wbrady@aad.org, if you require clarification or would like more information on the comments in this letter.

Sincerely,

Suzanne Olbricht, MD, FAAD

Dugane Olboreux, MD

President

American Academy of Dermatology Association

CC: George J. Hruza, MD MBA FAAD, AADA President-Elect Elaine Weiss, Executive Director & CEO, AADA